



Town of Bailey

6217 Main Street
P.O. Box 40
Bailey, NC 27807
Phone: 252-235-4977

Volunteer Advisory Committee Application

Please complete this form and return to the Town Administrator. Thank you.

Applicant Name: _____ Tel #: _____

Home Address: _____ Zip: _____

How long at this address: _____ Current business owner in town? (circle one) Yes / No

Employer: _____ Job Title/Occupation: _____

Email: _____ Best Contact Method: _____

Advisory Committee Assignment Request (please circle your committee of interest):

Infrastructure and Sewer & Water Advisory Committee / Cemetery & Landscaping Advisory Committee /
Economic Development & Planning Advisory Committee / Regulatory Advisory Committee / Protective
Services Advisory Committee / Mayoral Advisory Committee

Please list any education, work experience or qualifications you feel are relevant to the board assignment requested: _____

List any current or past volunteer activities in which you were involved: _____

What do you see as the responsibilities of the Advisory Committee and what do you hope to accomplish if appointed? _____

Continue on other side...

Do you have any personal or business interest(s) that could create a conflict of interest (either real or perceived) if you are appointed? (circle one) Yes / No If yes, please explain:

Have you taken the opportunity to attend any previous Town meetings? (circle one) Yes / No

What is the best time of day to contact you? _____

What time(s)/Date(s) are you available to attend board meetings: _____

Do you understand that, if appointed, assignment to any of the board positions listed above are "volunteer-only" and the positions are unpaid? (circle one) Yes / No

By submission of this application, I certify that all information contained herein is true to the best of my knowledge, and I understand that this application shall be active for two years. I also understand that I will be encouraged but not required to attend the monthly Board of Commissioner meetings.

Signature of Applicant: _____ Date: ____/____/____

**Please note, an original signature is required to be considered. This information, along with other material may be used by the Town Board of Commissioners in making appointments, and in the event you are appointed, it may be used by Town Hall staff to identify you to the community through social media posts, press releases, and other communications.*

How did you find out about this opportunity? _____

"This local government unit is an equal opportunity provider."

For office use only:

Approved: Yes / No

Date Approved:

Board Assigned:

Term Expires:

Notes:

For office use only: Approved: Yes / No Date Approved: Board Assigned: Term Expires: Notes:
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